Montgomery County APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS:



MAIL APPLICATION TO:

Montgomery County Secondary Roads 406 W 4TH ST, PO Box 98

406 W 4TH ST, PO Box 95 Red Oak, Iowa 51566 (712)623-5127 To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

- Incomplete applications MAY NOT BE CONSIDERED.
- If resume is submitted, DO NOT write "see resume."
- · DATE and SIGN this application.
- Please list a minimum of three years' prior experience and education.
- Please complete this application in blue or black ink, or type.
- You are not required to furnish any information which is prohibited by federal, state, or local law.

Title of Position You Are Applying For:			Department:				
Full Time	Part Time	Student Intern		T			
Grant Funded	Co-op	Temporary/Limite	d Term Em	nlovment			
		romporary/zimic	TOTAL LIN	Picytticist	Today's Date:		
Name;				Home P	h		
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(Last)		(First)	(M.I.)	Busines	s Phone:		
Current Address:		V 4	(,	/ Dusines:			ľ
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(Si	treet)	(Apt.#	*)	⊟ Can we i	contact you at this nu	ımher?	
		, -	•		s No	iiiiboi i	
(City)		(State)	(Zip Code)	If yes, lis			
Permanent Address	: (If different than cur		(EIP 0000)				- 40
	•	,		when w	il you be available fo	r employm	ent?
/Sf	reet)	(Apt.#	Α				
(50	1661)	(Арт.н	•)	Email Ad	idress:		
(City)		(State)	(Zip Code)				
(0.13)		(Olato)	(Zip Code)	Can we	contact you here?	Yes	No
Are you a U. S. Citiz	on? Von	No.					
		ent in the United State		an Na			
Are you at least 18 y	rears of age?	Yes No	73 : I C	75 INU			
Your employment will	be subject to ver	ification that you meet s	state and fer	deral minim	um ada raduiramants	for the tim	f
work you are applying	g for and have a v	alid work nermit	nate and to	aciai iimimi	um age requirements	nor me typ	10 01
	3 Ditta 1,000 0 V	and trotte portifica					
Have you ever been	employed by Ma	ontgomery County?	Vec	No			
If yes: when, in what			165	_ NU			
Montgomery County prohil	olts employment of an	individual if he/she would be	directiv superv	ised or receivi	na direct supervision from	a family mon	ther
List any relatives emp	oloyed by Montgor	mery County or serving	as elected	or appointed	d officials:	a laning mon	1001.
Do you possess a va			_ Yes N	Vo	·		
Do you possess a va		Driver's License?		No Typ	oe/class:		
Do you possess any	other license?		_ Yes ۱	No Typ	e:		
·							

Applicant name Please list ALL instances in which you were convicted as an ADULT for crimes (misdemeanors or felonies), ordinance violations, traffic violations, founded child or dependent adult abuse and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment. Please explain below (you may attach another sheet if necessary). Approximate dates may be listed. Disposition of Case Charge Location Date NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational inherent in the position which requires this information prior to hiring. Training beyond high school: College or university, technical, nursing, business college or other schools you have attended. Credits Type of degree Name, location and phone Presently received earned **GPA** Major field attending number Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, law enforcement academy, in-service training. Please provide dates. Special skills & qualifications - this information must be provided if you are applying for a position requiring these skills: Experience transcribing mechanically-recorded material? ____Yes ____No Typing speed (if known): _____WPM Experience using a 10-key adding machine? ____Yes ____No List any additional office equipment which you can operate skillfully:

List all computer software which you can operate skillfully:						
Are you a certified Law Enforcement Officer? Yes No Date certified: State certified by:						
List any memberships in professional or technical associations:	List any current license or registration as a member of a trade or profession:					

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4	DDI	ıcam	name	

PRIMARY DUTIES:

EMPLOYMENT SECTION: (Please start with your most recent position- include military service)

Title of you PRESENT/MOST RECENT position:

From (month & year)

To (month & year)	Employer's Name (Company I	Vame)	Phone Number	
Hours each week:	Address			
Full time Part time Temporary	Name and title of supervisor:			
Starting Salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer?		for leaving or ing change:	
Present Salary (Indicate yearly,	Yes No Number of employees you supervise:	Were yo	u involuntarily ed?	
monthly or hourty):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes No	
From (month & year)	Title of position held:			PRIMARY DUTIES:
To (month & year)	Employer's Name (Company	Name)	Phone Number	
Hours each week:	Address			
Full time Part time Temporary	Name and title of supervised:			
Starting Salary (Indicate yearly, monthly or hourly):	if currently employed, may we contact that employer? Yes No		for leaving or ring change:	
Last Salary (Indicate yearly, monthly or hourly):	Number of employees you supervise:	discharg	ou involuntarily ged? Yes No	
Exerc (month & year)	Title of position held:			PRIMARY DUTIES:
From (month & year)	Title of position noise.			
To (month & year)	Employer's Name (Company	Name)	Phone Number	
Hours each week:	Address			
Full time Part time Temporary	Name and title of supervised:			
Starting Salary (Indicate yearly, monthly or hourly):	If currently employed, may we contact that employer?	1	for leaving or ring change:	
Last Salary (indicate yearly, monthly or hourly):	YesNo Number of employees you supervise:	dischar	ou involuntarily ged? _Yes No	

'e			Applicant name _		
		OTHER EVE	DEDIENCE		
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		ernsnips, and/or	r jobs, not included in	Annual Salary	Full or Part-time
Company Name/Location	Job Title		ployed (month/year)	Altitual Salary	Tull of Falt-time
		From:	To:		
		From:	To:		
		FIOIII.	10.		
Please explain any gaps in e	mployment				
			<u> </u>		
Are you currently <u>unemploy</u>	<u>ed</u> ? No	Yes, since _			
Are or were you eligible for L	Inemployment Co	mpensation? _	No Yes, ple	ase list dates	
•					
Are you a veteran? No	· Yes, pleas	e provide dates	of service or Form DD	214.	
		REFER			
Work or education related (e	g, former employ	yers, supervisors	s, co-workers, school f	aculty). No relative	s/significant others
NAME/ADDRESS/TEL	EPHONE T	OCCL	JPATION	NATURE OF R	ELATIONSHIP
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I hereby certify that all states	ments made on o	r in connection v	with my application are	e true, complete alle	a correct to the bes
of my knowledge and belief.	I understand and	l agree that any	misstatements or omi	ssions of material to	act subject me to
disqualification or, if hired, d	ismissal.				
•					
Montgomery County is committed t	o the equality of oppo	rtunity for all people	, if is the policy of Montgorr	nery County to provide e	qual employment
	ha hacie of thair ekille.	- abilities and qualiti	cations, without regard to re	ice, color, national ondil	i, rengion, pointal
opportunities for all individuals on a affiliation, sex, age, disability, mark the National Guard or any other res	al status, arrest or col	nviction record, sext na United States or 1	uai onenialion, disabled Veli State military forces, use or	nonuse of lawful produc	ets off the employer's
the National Guard or any other res premises during non-working hours	serve component of th s, or any other non-ma	erit factors, except w	there such factors constitute	e a bona fide occupation	al qualification.
premises during non-working nous	, _, any ourse non-me			•	
	•				
Applicant's Signature			Date		
Applicant's Dignature					